

## City of Madison Application for Animal License

### Section 1

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
Number Street name Street type Unit #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Phone Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Alternate (\_\_\_\_) \_\_\_\_ - \_\_\_\_

ID Type: \_\_\_\_\_ Number: \_\_\_\_\_

### Section 2

Animal Name: \_\_\_\_\_ Altered: \_\_\_\_\_

Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Breed: \_\_\_\_\_ Secondary breed: \_\_\_\_\_

Primary color: \_\_\_\_\_ Secondary color: \_\_\_\_\_

Color pattern: \_\_\_\_\_

### Section 3

#### **DO NOT COMPLETE THIS SECTION**

Animal code # : \_\_\_\_\_ Tag number: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ License status: \_\_\_\_\_

Batch type: \_\_\_\_\_ Transaction type: \_\_\_\_\_

Rabies

Vaccination date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Vaccination Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Vet/Clinic: \_\_\_\_\_

phone daytime: \_\_\_\_/\_\_\_\_/\_\_\_\_ After hours: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment type: 9 Cash 9 Check Check Number: \_\_\_\_\_

Received By: \_\_\_\_\_ Employee Number: \_\_\_\_\_